

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101,587,002

FILING DATE

7-20-06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1 -			
3			1 -			
4			1 -			
5			1 -			
6			1 -			
7			1 -			
8			1 -			
9			1 -			
10			1 -			
11			1 -			
12			1 -			
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15			1 -			
16			1			
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20						
21			1			
22			1 -			
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25			1 -			
26			1 -			
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			23			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						